

Daily/Weekly Cleaning Record

Business Name
& Address:

Week commencing:/...../.....

Area/Item to be cleaned	Frequency of cleaning	Days of the week							Signature
		Mon	Tues	Wed	Thu	Fri	Sat	Sun	
Therapy Room Massage bed Linen Hard surfaces Doorknobs	Daily & after each client								
Bathroom Toilet Sink Paper and sanitiser and soap dispensers	Daily & after each client								
Reception & Waiting area Worktop Bench Laminated signs	Daily & after each client								
Desk station Hand sanitiser station	Daily & After each client								

WEEKLY DEEP CLEANING performed by:/...../.....
(signature) (date)